

GALLATIN COUNTY 4-H AUTHORIZATION FORM

PROJECT SIDE ACCOUNTS

PROJECT SIDE ACCOUNT _____

PROJECT LEADER _____

| PAYEE NAME | AMOUNT | DESCRIPTION OF EXPENSE |
|------------|--------|------------------------|
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Please complete the following:

Complete the Authorization Form.
Receipts **MUST** be the original receipt.
Attach receipts to this Authorization Form.
Original Authorization Form and original receipts MUST be dropped off or mailed to the 4-H Office.

For questions, please contact:

Gallatin County 4-H
201 West Madison Suite 300
Belgrade, MT 59714
406-388-3213

OR

Kelley Phipps, Bookkeeper
Gallatin 4-H Unlimited Leaders Council
406-599-1454
cksrabbitry@q.com

AUTHORIZED PROJECT LEADER'S SIGNATURE

DATE